

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/Rank \_\_\_\_\_ SSN \_\_\_\_\_

**HIGH SCHOOL TRANSCRIPT CONTINUES**If yes, which: Minority  
Disadvantaged (specify in comment area)

Official Name of School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State &amp; Zip \_\_\_\_\_ School Telephone \_\_\_\_\_

Ranking period (Month &amp; Year): \_\_\_\_\_

Indicate how grade point average and rank were determined if profile not available.

If rank is not available, please circle placement percentile below.

Top 5%, 10%, 20%, 30%, 40%, 50%, Lower 50%

Comments:

(Additional information which may be significant in considering the applicant.)

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Date Title Signature Print Name

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**REQUEST FOR COLLEGE TRANSCRIPT****To be completed by applicant**

Name of university/college \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on transcript \_\_\_\_\_ Dates attended \_\_\_\_\_

Year of graduation \_\_\_\_\_ Degree (college only) \_\_\_\_\_

Number of transcripts requested \_\_\_\_\_ Check or money order enclosed \$ \_\_\_\_\_

Send transcript to:

_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND THIS FORM ALONG WITH APPROPRIATE MONEY ORDER OR CHECK TO THE UNIVERSITY/COLLEGE.**

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**FINANCIAL STATEMENT FOR OCS**

**\*\* If yes to questions 1 through 6, please ensure you provide the MONTH, YEAR, TYPE OF ACTION, AMOUNT, NAME ACTION OCCURRED UNDER, NAME AND ADDRESS OF COURT OR AGENCY HANDLING CASE, STATE, ZIP CODE**

1. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code?      YES      NO
  
2. In the last 7 years, have your wages been garnished?      YES      NO
  
3. In the last 7 years, has any of your property been repossessed?      YES      NO
  
4. In the last 7 years, has a lien been place against your property for failing to pay taxes or other debts?      YES      NO
  
5. In the last 7 years, have all judgements against you been paid in full? If no, indicate payment plan and last projected payment.
  
6. In the last 7 years, have you been over 180 days delinquent on any debt(s)? YES/NO    Are you currently over 90 days delinquent on any debt? YES/NO    If yes to either provide: Date debt incurred (mm/yy), date satisfied (mm/yy) amount, type of loan or obligation and account number, name and address of creditor or oblige, include state and zip.

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**FINANCIAL STATEMENT FOR NROTC****STATEMENT OF FINANCIAL RESPONSIBILITY**

I, \_\_\_\_\_ (Rate/Name) \_\_\_\_\_, provide the following information in support of my application for the NROTC Program.

Dependents: Spouse \_\_\_\_\_ (yes or no) Children \_\_\_\_\_ (Number) \_\_\_\_\_ (Ages) \_\_\_\_\_

Current Savings \$ \_\_\_\_\_ Current Outstanding Debt \$ \_\_\_\_\_

I understand that all of my military pay and allowances will stop when I enter the NROTC Program. I also understand that the NROTC Scholarship only provides \$200 per month and that I am responsible to pay for all housing, food, medical, and other living expenses. The following provides information relevant to my financial obligations:

**Anticipated monthly income  
while attending college**

**Anticipated monthly expenses  
while attending college**

NROTC Stipend	\$ 200	Rent	_____
Spouse's income	_____	Utilities	_____
Savings	_____	Food	_____
GI Bill	_____	Medical	_____
Grants (specify)	_____	Auto payments/ Insurance	_____
Loans (specify)	_____	Transportation	_____
Other income (specify)	_____	Entertainment	_____
Clothing	_____	Debt Payments (incl.credit cards)	_____
TOTAL	_____	Other	_____
		TOTAL	_____

Reviewed:

Signed:

\_\_\_\_\_  
Command Representative\_\_\_\_\_  
Applicant